the clot, provided normal drainage of the menstrual flow and immediate resolution of the pelvic pain.

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Another Preventable Endemic Condition

To the Editor: In a letter to the editor in the February issue, ¹ Dr Martin C. Gregory states that death "from the unrestrained availability of handguns" is a preventable endemic condition that has an incidence "about 100 times higher in the United States than in comparable western countries." In response, I would like to call attention to another preventable endemic condition, one which is common among authors of articles in medical and other journals. This condition is characterized by the unsupported belief that the United States has the highest homicide rate in the world, one much higher than other western nations, and in addition a high suicide rate.

The FBI states² that the US homicide rate for 1982, the most recent available year, was 9.1 per 100,000 population. In comparison, the homicide rates were 9.6 in Sweden, 49.4 in Mexico and 126.2 in Zimbabwe.³ In all, there were 17 nations with homicide rates higher than the United States. Our homicide rate peaked in 1980 and has declined each year since then, probably as a result of the aging of the population as well as stricter anticrime laws, but this improvement occurred in the absence of new gun-control laws. The United States never had the highest homicide rate, by a wide margin.

The situation in regard to suicide is equally interesting. The US suicide rate for 1982 was 12.04 and lay in the middle range, with about half of nations having higher rates. For example, the suicide rate for Hungary was 44.9, Denmark 31.6 and East Germany 30.5.3 Adding homicide and suicide rates to get a "violent death rate" yields surprising results. Using this index, the US is less violent than 21 other nations, including Austria, Denmark, France, West Germany, Sweden and even Switzerland.

America is too violent, and we have much room for improvement. But this improvement will not come from action based on erroneous data and false accusations. It will come from carefully considered action based on facts. To hasten this improvement, we should do our best to reduce the incidence of inflation and distortion of mortality data, a condition that is preventable by exposure to measured doses of accurate data.

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Vascular Surgery and Diabetes

To the Editor: I enjoyed the recent article by Gleckman and Roth on diabetic foot infections. As a practicing vascular surgeon, one of my most frequently seen problems is an infected foot, with associated advanced peripheral vascular disease, in a diabetic patient.

Infected ischemic ulcers of the foot often lead to progressive soft tissue infections, necrotizing fasciitis and osteomyelitis as described in the article. Diabetes intensifies the problem and antibiotics alone are rarely efficacious. Gangrene and amputation are the common conjoiners of this problem.

I would like to suggest to the authors that their team approach include a vascular surgeon. Amputations of infected limbs of diabetic patients with compromised circulation used to be commonplace. Today in most institutions they are rare. The significant variable is early intervention and revascularization before irreversible tissue damage.

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